

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09751795

FILING DATE

02/12/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47	1						97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	28						TOTAL CLAIMS						